

2021 APPLICATION AND AFFIDAVIT FOR THE SENIOR CITIZENS ASSESSMENT FREEZE HOMESTEAD EXEMPTION

File this form with the DuPage County Supervisor of Assessments
421 N. County Farm Road, Wheaton, Illinois 60187

Part 1: Complete the following information.

For the 2021 real estate tax year (taxes payable in 2022)

REQUIRES A 2020 HOUSEHOLD INCOME OF \$65,000 OR LESS

**FILING DEADLINE IS
OCTOBER 1ST, 2021**

Last Name of Applicant (please print) First Name and Initial

Mailing Address (please print)

City (please print) State Zip Code

Phone Number (_____) _____

Social Security No. _____

Age _____ Date of Birth _____ / _____ / _____
Month Day Year

E-mail address _____
(optional)

1. You are applying for the Senior Citizens Assessment Freeze Homestead Exemption for property located at:
_____ DuPage County, Illinois

Street Address (please print) City

2. Permanent Parcel Number: _____
(10 digit property identifier found on your most recent real estate tax bill)

3. Have you previously received a Senior Citizens Assessment Freeze Homestead Exemption? Yes No

4. If your spouse maintains a separate residence has he or she applied for this exemption? Yes No N/A

Part 2: Complete the affidavit.

Sworn under oath, you state that:

1. On January 1, 2020, and January 1, 2021 the property described in Part 1, line 2, was improved with a permanent structure which was;

- ♦ occupied as your current principal place of residence; or
- ♦ a residence on which you had previously received the exemption before becoming a resident of a licensed facility under the Ast. Living and Shared Housing Act, Nursing Home Care Act, ID/DD Community Care or Specialized Mental Health Rehab Act of 2013 or is occupied as the principal residence of your spouse.

2. On January 1, 2020, and January 1, 2021, you;

- ♦ were the owner of record for the above described property, or
- ♦ had a legal or equitable interest in the property by written instrument, or
- ♦ had a leasehold interest in the property that was used as a single family residence.

3. You are or will be 65 years of age or older in 2021 calendar year or your spouse, who died in 2021 would have been 65 years of age or older. If your spouse died in 2021 fill in the following.

♦ The name of your spouse was _____
Last Name (please print) First Name and Initial

♦ The date of birth of your deceased spouse was _____
Month Day Year

♦ The date of death of your deceased spouse was _____
Month Day Year

4. You are liable for paying real estate taxes on the property described in Part 1, Line 2.

(continued on page 2)

5. You have not applied for the Senior Citizens Assessment Freeze Homestead Exemption for any other property for the 2021 real estate tax year.
6. The total household income for 2020 is shown in Part 3, Line 13, and is \$65,000 or less.
7. On January 1, 2021 in addition to myself, the following individuals used the property listed for their principal place of residence. I am listing my spouse below since he or she used the property as his or her principal dwelling place on January 1, 2021. Attach an additional sheet if necessary.

 Last Name (please print) First Name and Initial Age _____ Social Security No. _____

 Last Name (please print) First Name and Initial Age _____ Social Security No. _____

 Last Name (please print) First Name and Initial Age _____ Social Security No. _____

8. On January 1, 2021, you were: (check one) Single Married Divorced Separated Widowed
 If married the name of your spouse is:

 Last Name (please print) First Name and Initial Age _____ Date of Birth ____/____/____
 Month Day Year

The address of your spouse if different than the property address listed is:

 Address (please print) City (please print) State Zip Code

Part 3: Complete the 2020 income information for the ENTIRE household.

You must include the income of the ENTIRE HOUSEHOLD on each line.

- | | | | |
|---|-----|-------|-------|
| 1. Social Security and SSI benefits. (Include Medicare deductions)(From SSA Form 1099 Box 3)(Household Total) | 1. | _____ | _____ |
| 2. Railroad benefits. (Include Medicare deductions) (Household Total) | 2. | _____ | _____ |
| 3. Civil Service benefits. (Household Total) | 3. | _____ | _____ |
| 4. Annuities, Pensions and I.R.A. benefits. (Household Total) See the instructions for line 4 on page 4 | 4. | _____ | _____ |
| 5. Human Services and other governmental cash public assistance benefits. (Household Total) | 5. | _____ | _____ |
| 6. Wages, salaries, and tips. (Household Total) | 6. | _____ | _____ |
| 7. Interest and dividends received. (Household Total) | 7. | _____ | _____ |
| 8. Net rental, farm, and business income or (loss). (Household Total) | 8. | _____ | _____ |
| 9. Net capital gain or (loss). (Attach U.S. Form 1040 & Schedule "D") (Household Total) | 9. | _____ | _____ |
| 10. Other income or (loss). (Household Total) | 10. | _____ | _____ |
| 11. Add Lines 1 through 10. | 11. | _____ | _____ |
| 12. Subtractions. (see the instructions for Line 12 on Page 4 for list of items you may subtract) | 12. | _____ | _____ |

NOTE: A copy of U.S. Form 1040 is required for subtractions to be allowed.

13. Subtract Line 12 from Line 11 and write the result. This is your total household income for 2020. If Line 13 is greater than \$65,000 **STOP**. You do not qualify for this exemption. 13. _____

NOTE: The DuPage County Supervisor of Assessments may conduct an audit to verify that the taxpayer is eligible to receive this exemption.

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct and complete.

 Signature of applicant Month Day Year